

Network Health Plan 1570 Midway Place P.O. Box 120

Menasha, WI 54952 Phone: (920) 720-1300 (800) 826-0940 Fax: (920) 720-1900

Web site: www.networkhealth.com



Type of Plan	Health Maintenance Organization				
	nbers 67,535				
	Experience				
	nary Care Physicians (PCPs)				
	Accepting New Patients				
	Certified Specialty Care Physicians				
Number of Urgent Ca	are Facilities				
Number of Dentists					
Percent of Dentists Accepting New Patients					
ADDITIONAL INFORMATION					
Referral Requirements	If a Primary Care Practitioner (PCP) feels that his or her patient needs specialty care, the practitioner may refer the member to a plan provider for evaluation. This referral may be written or verbal and may not require authorization from Network Health Plan (NHP). A referral is not required to see another plan PCP who is on call for your PCP, a plan OB/GYN, Chiropractor, or an Ophthalmologist/ Optometrist (for routine eye exams only). Referrals to nonplan providers require prior authorization from NHP. Please refer to the prior				
	authorization section.				
Prior Authorization Requirements Medicare Claims	NHP's Health Management Department utilizes pre-authorization requirements and pre-admission review to ensure that selected procedures, treatment plans, health services, particular providers or locations are medically necessary and constitute appropriate care based upon NHP's health management criteria and other nationally-recognized guidelines. Some health services will not be covered without prior written authorization from NHP's Health Management Department. Inpatient hospitalizations, out-of-plan services or care at tertiary facilities are a few examples of health services that require prior authorization from NHP. A member should contact his or her PCP or NHP Customer Service Department for information on specific health care services that require preauthorization and/or pre-admission review, and for verification that NHP has approved an authorization prior to obtaining services. NHP will send written notification to the requesting provider, the authorized provider and the member informing them of the decision within 15 days of receiving the request.				
Procedure	processed by Medicare. When the Explanation of Medicare Benefits (EOMB) is received, the subscriber needs to forward the EOMB to NHP for processing.				
OnLine Services	 Members can access Network Connect at www.networkhealth.com to view claims, explanation of benefits, overview of benefits, Certificate of Coverage, provider information, and request additional Customer Service. Provider directory can be accessed at: http://www.networkhealth.com/page/nhppd Select State of WI Fox Valley Network Provider Directory. Also available online is Affinity NurseDirect, Privacy Practices, Member Rights and Responsibilities, clinic locations and more. 				
Outpatient Mental Health Network/Policy	All mental health and substance abuse services must be provided by a plan provider. Please refer to the provider directory for a listing of our plan providers. If you need assistance please contact NHP's Care Management Behavioral Health Department at 800-555-3616.				

ADDITIONAL INFORMATION				
24-Hour Nurse Line	NHP provides Affinity NurseDirect, which is a free 24-hour health advice call-in service. Affinity NurseDirect provides up-to-date information on NHP physician (including office hours and locations) and advice and assessment for illnesses, injuries and other health concerns. Affinity NurseDirect can be reached at (920 738-2230 or (800) 362-9900.			
PCP Restrictions	When you become an NHP member, you will choose a participating PCP for each family member. Your PCP coordinates all of your health care needs. You may choose a family practice, general practice, internal medicine, pediatrician physician or an Allied Health professional. You can change your PCP at any time. Whenever you or a family member need care, your PCP should be contacted. He or she will discuss the best course of treatment, including whether or not to refer you to a Network-participating specialist.			
Dental Benefits Provided	Annual Deductible \$25 Individual/\$75 Family (applies and orthodontic services) Individual Annual Maximum Individual Lifetime Orthodontic Maximum	only to basic restorative \$1,000 \$1,500		
	Diagnostic and Preventative Services covered at 100% include: e teeth cleanings (prophylaxis and periodontal maintenance), bitewall covered (twice per calendar year), full mouth x-rays (at three years) fluoride treatments (twice per calendar year to age 19), and space			
	Basic Restorative Services covered at 80% include: er relieve pain, fillings, and sealants.	mergency treatment to		
	Orthodontics are covered at 50% with an individual life for dependent children when the active treatment start	•		
	For benefits to apply, you must utilize a Delta Dental P Please visit the Delta Dental web site for the most up t at www.deltadentalwi.com or by calling Delta Dental a	to date listing of dentists		
Quality Improvement Initiatives	 Implementation of reminder and education programmembers to increase the percentage of members treatment for the following: Diabetes Heart and Stroke 			
	-Depression -Asthma			

Counties in Service Area		Hospitals in County	Major Providers in County	
Calumet	. * }^	Calumet Medical Center		
Dodge	***	Waupun Memorial Hospital		
Fond du Lac	***** ******	Ripon Medical Center St. Agnes Hospital	To find out if your physician or hospital is a plan provider, either	
Green Lake	多くく	Berlin Memorial Hospital	check your Provider Directory, call Customer Service at (800) 826- 0940, call Affinity Nurse Direct at (800) 362-9900, or visit our web site at www.networkhealth.com.	
Manitowoc	****	Holy Family Memorial, Inc.		
Outagamie	✓	St. Elizabeth Hospital		
Sheboygan	✓	St. Nicholas Hospital		
Waushara	*//	Wild Rose Community Memorial Hospital		
Waupaca	*/	Riverside Medical Center New London Family Medical Center		
Winnebago	√√	Mercy Medical Center		